

RESPONSE TO "REQUEST FOR INFORMATION"

VIA FAX AND MAIL

4401 Lakeshore Rd.
Newcastle, Ontario, Canada
L1B 1L9RECEIVED
CENTRAL FAX CENTER
SEP 15 2011

Sept. 15, 2011

U.S.P.T.O.
P.O. BOX 1450
Alexandria, Va.
U.S.A. 22313-1450

Attn: Ms. Kenya A. McLaughlin,

Subject: Patent #6,108,992

Dear Ms. McLaughlin:

Thank you for your second response to my submission for Petition for Reinstatement under 37CFR 1.378(B) filed April 18th, 2011. I received this response on Sept. 12, 2011. After reviewing your points, and in particular the decision of Link vs. Wabash (1962), it becomes obvious that I was insensate in conveying the full responsibility of the Patent maintenance fees to Mr. Arff. Had I known that I would have had to engage in this problematical situation due to the dalliance of Mr. Arff, things would have been arranged differently. Please don't think I was insouciant about this matter.

I cannot say why Mr. Arff did not pay the maintenance fee or if in fact it was unavoidable. I have no knowledge of Mr. Arff's tracking or docketing procedures.

At this point in time I feel I was fortunate to obtain the previously submitted documents from Mr. Arff. As you can probably surmise, this series of events has created certain frictions between Mr. Arff and me.

Personally, I feel that Mr. Arff was then, and is now going through a rough spot in his life, creating a serious drift in our 30 year relationship. Could this be deemed "unavoidable"? I don't know.

As you stated, it was my sole responsibility to contact the U.S.P.O. with a status update. This I failed to do because I foolishly trusted Mr. Arff's assurance to me, and secondly because I was engaged in some serious heart related issues, which have since been rectified.

I'm hopeful that the enclosed will enable a favorable decision from the U.S.P.T.O. Should my petition be rejected, I would appreciate you or someone providing me with the forms necessary to recover the monies forwarded to and cashed by the U.S.P.T.O prior to my submission.

Yours truly,


John G. Shaw

Encl. Hospital records

Proof of medical issues John Shaw as requested from 2007 to 2011.

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Feb. 2/07 to Feb. 7/07 Heart Attack stayed at Lakeridge Hospital in Bowmanville, Ontario

Oct. 28/10 to Nov. 1/10 - Heart Attack stayed at Upper Valley Medical Centre, in Troy, Ohio.

Nov 10/11 to Nov. 11/11 St. Michaels Hospital, Toronto to try to do stents.

Nov. 16/11 to Nov. 21/11 - Triple By-pass at St. Michaels Hospital, Toronto.

Attached -- some paperwork.

Lakeridge Health
1 Hospital Court
Oshawa, Ontario L1G 2B9
(905) 576-8711 ext 3203

PAGE 1
STATEMENT

Admit Date 01/02/07

Disch Date 07/02/07

Billing Date 14/03/07

Unit Number E0233182

Account # EA02052/06

Insurance coverage policy number

RECEIVED
CENTRAL FAX CENTER
SEP 15 2011

Name: JOHN SHAW

Address

FAYE SHAW
4401 LAKESHORE RD
NEWCASTLE ON L1B 1L9

Insurance

Service Date	Procedure	Qty	Amount
01/02/07	G313 ELECTROCARDIOGRAPHY; FROM EK1		9.75
01/02/07	G313 ELECTROCARDIOGRAPHY; FROM EK1		9.75
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01/02/07	G571 ECHO COMPLETE STUDY-1&2 P1; FROM ECHO1		74.10
01/02/07	G578 DOPPLER WITH 1 & 2D (P1); FROM ECHO1		36.90
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	EE202/AS FROM E MEDS		-200.00
13/03/07	R GI SUN SUN LIFE ASSURANCE CO RECEIPT; PART SEMI		565.50
	Charges to date:		200.00
	Receipts to date:		165.50
	Estimated insurance due:		

Pd by Visa Mar 23/07

Visa/Master Card, American Express Accepted by Telephone
Payment in Person - Mon-Fri 8am-4pm
Inquiries- 8am - 4pm (905) 576-8711 Ext 3203
Remit to Accounts Receivable

Total: 565.50
Total Credits: -200.00
Total Due: 365.50

Insurance Billed by Hospital on your behalf: 165.50

Patient Balance Due: 200.00

65T:R87B43660

Please submit this portion with your remittance

DUE UPON RECEIPT

Name JOHN SHAW
Unit Num E0233182
Account # EA02052/06



Upper Valley Medical Center
Premier Health Partners

3130 N. County Rd. 25A
Troy, Ohio 45373
(937) 440-4000
uvmc.com

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SEP 15 2011

October 29, 2010

To Whom It May Concern:

Mr. John G. Shaw has asked for this letter to indicate that he is currently hospitalized in the Intensive Care Unit at Upper Valley Medical Center in Troy, Ohio, and unable to be discharged at the present time.

This letter supports that this is indeed the case. Mr. Shaw can provide further details of his condition as he feels is indicated.

Sincerely,

Barbara Harbor Evert, MD
Vice President/Chief Medical Officer

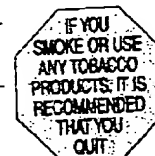
/ms

SEP 15 2011

UPPER VALLEY MEDICAL CENTER

Multidisciplinary Discharge
Summary And InstructionsADM 10/28/10 ICU 000500 M
SHAW, JOHN G 070Y ICU
MR 505-317 ATT CASTALD, WILL
82413789 REF
7/15/1940 CON CZAJSKA, WILLDate: Nov. 1 2010

Discharge Vital Signs: Time <u>0600</u> BP <u>121/61</u> Temp <u>97.4</u> Pulse <u>82</u> Resp <u>22</u>	
Discharged with: <input checked="" type="checkbox"/> Family/S.O. <input type="checkbox"/> Self <input type="checkbox"/> Other	
To: <input checked="" type="checkbox"/> Home/Patient can be reached there for any necessary follow-up <input type="checkbox"/> Other/Name _____ Phone _____ Address _____	
Discharged via: <input type="checkbox"/> Wheelchair <input type="checkbox"/> Ambulatory <input type="checkbox"/> Stretcher	
Pneumonia vaccine administered this admission? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Influenza vaccine administered this admission? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <u>10/30/10</u>	
DISCHARGE INSTRUCTIONS	
Diet <input type="checkbox"/> Regular <input type="checkbox"/> _____ <input type="checkbox"/> Printed Instructions Given _____	
Special Instructions / <input type="checkbox"/> Written Educational Material Provided <input type="checkbox"/> CHF handbook <input type="checkbox"/> COPD <input type="checkbox"/> MI <input type="checkbox"/> _____ <u>you need pro. time blood test for coarctation in 3 days</u>	
IV Site / Blood Draw - Leave gauze pad or bandage on the IV or blood draw area for 8-24 hours to prevent infection at the area. If redness or drainage at the site develops, place a warm compress or cloth to the site for 10-15 minutes, 4 times a day. If redness or drainage continues for more than 2 days, call your physician.	
Restrictions <input type="checkbox"/> None Activities <input type="checkbox"/> Up in house only _____ <input type="checkbox"/> Sitting _____ <input type="checkbox"/> Stairs _____ <input type="checkbox"/> No lifting > <u>10</u> lbs. <input checked="" type="checkbox"/> No driving <u>NO</u> <input type="checkbox"/> Riding in car _____ <input type="checkbox"/> Bathing _____ <input checked="" type="checkbox"/> <u>no strenuous activity</u> <input type="checkbox"/> You may return to work _____	
Medication Reconciliation completed <input type="checkbox"/> No medications ordered	
Referrals <input type="checkbox"/> None <input type="checkbox"/> Home Health* <input type="checkbox"/> Hospice* <input type="checkbox"/> Other _____ *Discharge instructions/summary faxed to HH/Hospice	
Follow-up <input type="checkbox"/> Your appointment is scheduled for: Date _____ Time _____ Physician _____ office for appointment in _____ days. <input type="checkbox"/> Please call _____ <input type="checkbox"/> Outpatient tests: <u>D. Culis 937-335-3518 if you need any information</u> <input type="checkbox"/> Your test has been scheduled for: _____ <input type="checkbox"/> Call Central Scheduling (937-440-7111) for an appointment	
If you have questions and are unable to reach your physician, call the UVMC operator at (937) 440-4000.	
Discharge Physician _____ Date _____	
I have participated in discharge planning and I have received and understand the discharge instructions and follow-up care. I will call my physician if I have questions. My valuables are accounted for. For medications, which I am to take, I have received my medication list and instructions, and/or medications brought from home.	
Patient / Relative Signature <u>[Signature]</u> Date <u>Nov 1/10</u>	
*I have reviewed the discharge instructions with the patient and provided a completed medication summary (as indicated).	
RN Signature <u>[Signature]</u> Date <u>11-1-10</u>	



ORIGINAL - PATIENT

YELLOW - CHART

PINK - PHYSICIAN



Upper Valley Medical Center
3130 N. Dixie Hwy.
Troy, OH 45373

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SEP 5 2011

Patient Name: SHAW, JOHN G	Room/Bed: 2117 00
Age/Sex/DOB: 70 years Male 7/15/40	Account #: 82413709
Adm Phys: William A. Castaldo, MD	Med Rec #: 505-317
Att Phys: William A. Castaldo, MD	Service Cd: 2WEST H
Ref Phys:	Admit Dt: 10/28/10
Consult Phys: William J. Czajka, MD; Georges S. Yacoub, MD	Disch Dt:
Ordering Phys: Castaldo, William A. MD	Run Type: N/A
Output Chart For: Castaldo, William A. MD	

C O A G U L A T I O N

Collected Date: 11/1/10
Time: 6:12 AM

TEST	REF RANGE	UNITS
PT	20.6 H	9.5-11.1 sec
INR i	2.1	

11/1/10 6:12:00 AM INR:

Prevention and treatment of deep vein thrombosis, pulmonary embolism and systemic embolism.....2.0 - 3.0

Prevention of thromboembolism in patients with mechanical heart valves and recurrent thromboembolic events with INR of 2.0 - 3.0.....2.5 - 3.5

CONFIDENTIAL HEALTH INFORMATION: This report is for the sole use of the intended recipient(s) and contains confidential and privileged information, the disclosure of which is governed by applicable law. Any unauthorized review, copying, disclosure, or distribution of this report is strictly prohibited. If you are not the intended recipient, please call UVMC Laboratory Services immediately at (937) 440-4025 and destroy by shredding the related report.

Legend * = Abnormal L = Low H = High C = Critical c = Corrected f = Footnote i = Interp Data
(*) All Reference lab work performed by Quest Diagnostics unless otherwise indicated.

Print Date/Time: 11/01/10 6:58 AM
Chart Request ID: 10167283

Page 1 of 1

Date: Nov 4/10Leading with Innovation
Serving with Compassion**ST. MICHAEL'S HOSPITAL**

A teaching hospital affiliated with the University of Toronto

RECEIVED
CENTRAL FAX CENTER
SEP 15 2011Dear Mr. Shaw:

Dr Fam has referred you for a coronary angiogram. This information is provided to assist you through the admitting process.

You are asked to come to the St. Michael's Hospital admitting department on Wed Nov 10 at 10 a.m. for your admission. You will then be directed to the Cath Lab recovery room on 7 Cardinal Carter Wing.

In preparation for your angiogram Dr. Fam's office has had your pre-admission tests done and the results will be forwarded to St. Michael's Hospital.

The hospital provides no parking but there are private parking lots in the area. Parking can be quite expensive. **You may to stay over night.** Please make arrangements for transportation home either following the procedure or on the next morning. Discharge time is 9:00 am if you stay overnight. You may not drive yourself or take public transportation alone. If a family member accompanies you to the hospital please be aware that there is no accommodation available for that person overnight at St Michael's. There are however many hotels in the vicinity. There is an optional \$10.00 service charge for the use of phones during your hospital stay, but pay phones are available as an alternative. Please bring change or a phone card if you wish to use the pay phone.

Before you leave home, remember to bring the following to the hospital with you:

- All medications that you are taking currently in the original bottles
- Your Health Insurance Card or Workers' Compensation Board number, passport or personal identification
- Information about additional health insurance (i.e. Green Cross , Blue Shield)

I am enclosing information about the angiogram and a Respiratory Screening Tool for you to complete on the morning of your admission. You are registered with Cardiac Care Network (CCN). I have enclosed a brochure about the CCN and more information is available at: www.ccn.on.ca. Please notify me if there is any change in your condition while you are waiting for your test. The waiting time for cardiac catheterization/angiogram may vary from centre to centre. If you wish to discuss having your cardiac catheterization/angiogram, done at a centre with a shorter waiting time, as the regional cardiac care coordinator I would be happy to discuss your options with you. You can contact me at 416-864-5489.

Sincerely,

Patricia Daniels RN, BA
Regional Cardiac Care Coordinator/Case Manager
e-mail: danielsp@smh.toronto.on.ca
(416) 864-5489

Heart and Vascular Discharge Summary



30 Bond Street
Toronto, Ontario
M5B 1W8
(416)360-4000

PRELIMINARY

Patient's Name: JOHN SHAW
Date of Birth: 1940-07-15
MRN: 2617068
Admission Date: 2010-11-15
Discharge Date: 2010-11-21

Admitted from:

Home

Discharge to:

Home

DIAGNOSIS MOST RESPONSIBLE FOR STAY:

Coronary artery disease

Surgical Procedures:

1. 2010/11/16 CABG x 3: LIMA-LAD, SVG-OM1, SVG-PIV

Pre-admission Co-morbidities:

1. Ex Smoker (Quit 30yrs)
2. NSTEMI 10/29/2010

Cardiac Risk Factors:

1. Dyslipidemia
2. Hypertension

Initial Presentation:

Mr. Shaw was referred for elective cardiac surgery. He has known to have coronary artery disease having suffered a myocardial infarction in 2007 and was managed medically since then. Recently he suffered a NSTEMI while travelling in the USA and was treated medically as he sought to undergo investigations in Canada. He underwent Coronary Angiogram on 11/10/2010 by Dr. Fam which demonstrated multivessel coronary artery disease amenable to surgical revascularization.

Course in Hospital:

Uncomplicated post-operative course.

Issue for Follow-up/Investigation:

Family MD to discontinue staples on or after 11/26/2010.

Please note secondary prevention for patients with Coronary Artery Disease includes:

1. Hypertension management to achieve blood pressure of 140/90mm Hg
2. Lipid Management to achieve: LDL-C <2.0 mmol/L & TC/HDL-C <4.0 mmol/L
3. Moderate-intensity aerobic physical activity for a minimum of 30 min on 5 dys/wk or vigorous-intensity aerobic activity for a minimum of 20 mins on 3 dys/wk.
4. Influenza vaccination.

Cardiac rehabilitation is associated with significant long-term survival advantages after index cardiovascular hospitalizations. Family MD/Cardiologist to facilitate a referral to an Outpatient Cardiac Rehabilitation Program of choice.

Patient's Instructions:

Family MD to discontinue staples on or after 11/26/2010.

SHAW, JOHN
 BD-15 JUL 40 SD-
 MCLAUGHLIN, PETER HAZELL, PAUL M.
 UNIT#K500175 ACCT#K00083808/06
 HCN - 9359265353-MV

56 M
 hrs

Patient Copy

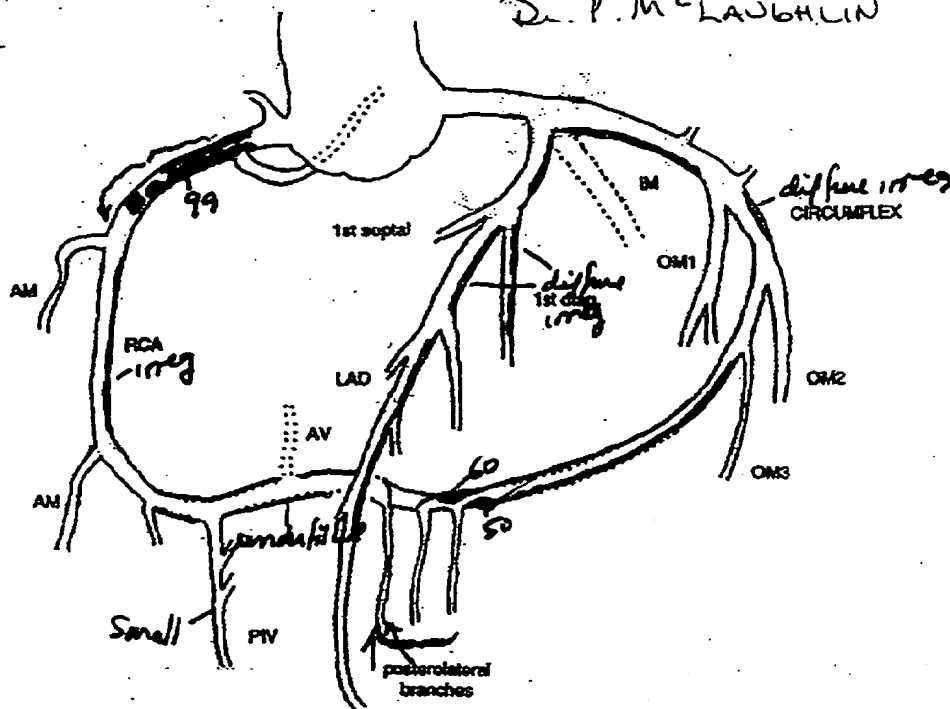
Peterborough Regional Health Centre
 Cardiac Catheterization Angiography Report

Cath # K500175/01-002 Date (d/m/y): 5-Feb-07

D. P. MCLAUGHLIN

Dr. A. Shickh

*HT - 187.96 cm
 WT - 90.9 kg*



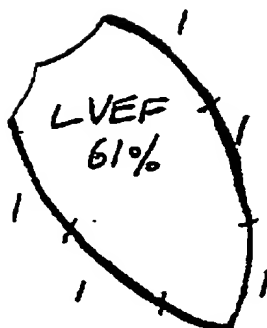
LV ANGIOGRAM
 MR 0 1 2 3 4

SEGMENT FUNCTIONS

1. Normal
2. Hypokinesis
3. Akinesis
4. Dyskinesis

LV GRADE

- 1 = > 50%
- 2 = 35-49%
- 3 = 20-34%
- 4 = < 20%



*Recommendation
 med rx*

Signature: *Mus Logh*

Lakeridge Health
1 Hospital Court
Oshawa, Ontario L1G 2B9
(905) 576-8711 ext 3203

PAGE 1

STATEMENT

Admit Date 01/02/07

Disch. Date 07/02/07

Billing Date 14/03/07

Unit Number E0233182

Account # EA02052/06

Insurance coverage policy number

Name: JOHN SHAW

Address

FAYE SHAW
4401 LAKESHORE RD
NEWCASTLE ON L1B 1L9

Insurance

Service Date	Procedure	Qty	Amount
01/02/07	G313 ELECTROCARDIOGRAPHY; FROM EK1		9.75
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04/02/07	G313 ELECTROCARDIOGRAPHY; FROM EK1		9.75
05/02/07	E SMED MHB- SEMI PRIVATE- MEDICAL; ROOM		200.00
	ER202/AS FROM E MEDS		
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	ER202/AS FROM E MEDS		
13/03/07	R GI SUN SUN LIFE ASSURANCE CO RECEIPT; PART SEMI		-200.00
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	Receipts to date:		200.00
	Estimated insurance due:		165.50

Pd by Visa Mar 23/07

Visa/Master Card, American Express Accepted by Telephone
Payment in Person - Mon-Fri 8am-4pm
Inquiries- 8am - 4pm (905) 576-8711 Ext 3203
Remit to Accounts Receivable

Total: 565.50
Total Credits: -200.00
Total Due: 365.50

Insurance Billed by Hospital on your behalf: 165.50

Patient Balance Due: 200.00

GST:R871843660

Please submit this portion with your remittance

DUE UPON RECEIPT

Name JOHN SHAW
Unit Num E0233182
Account # EA02052/06

Heart Care



DR. R. K. BHARGAVA
MD, FRCP, FACC
CARDIOLOGIST

Cardiac Prevention and Rehabilitation Program
R.K. BHARGAVA MEDICINE PROFESSIONAL CORPORATION

MEDICAL SCIENCES BUILDING
372 KING STREET WEST
OSHAWA, ONTARIO
L1J 2J9

CLINIC: 905-721-1999
REHAB: 905-721-1999 X 228
FAX: 905-721-8564
www.HeartCareCanada.com

(937) 440-4547
(937) 440-4547 (Cell)
(937) 440-4547 Fax

3130 N. County Rd. 25A
Troy, Ohio 45373
bever@uvvmc.com

Upper Valley Medical Center
Premier Health Partners



Barbara Harbor Evert, MD, MCHQM, FAHQ
Vice President/Chief Medical Officer

937-440-4600

Alicia Epperson
Patient Financial Advocate



Upper Valley Medical Center
Premier Health Partners

3130 N. County Rd. 25A
Troy, Ohio 45373
sepperson@uvvmc.com

(937) 440-4366
(937) 440-4312 Fax

JOHN - MEDICAL

1. DEC. 10, 2004 - HEART FIBRILATION - TAKEN TO BROWARD GENERAL HOSPITAL, FT. LAUDERDALE, FLA. - STAYED OVERNIGHT. HAD NUMEROUS TESTS AND SENT HOME IN 24 HOURS. NO HEART DAMAGE.
(PRESCRIBED WITH PLAVEX, 80 MG. ASP & CONTINUE BLOOD PRESSURE - ALTACE

HAD TO GO OFF BLOOD THINNER (ASP. ETC. JAN 6TH/07
2. JAN. 16, 2007 - JAN. 19/07 HERNIA OPERATION - SHOULDICE CLINIC
3. JAN. 30, 2007 - JAN. 31 NECK LUMP REMOVED - LAKERIDGE, OSHAWA (DR. KASSEL - IT WAS BENIGN
4. FEB. 2 /07 3:30 A.M. RUSHED TO BOWMANVILLE HOSPITAL WITH HEART ATTACK. HAD AN ANGIOGRAM, (DR. PETER MCLAUGHLIN) I PETERBORO ON FEB. 5. NO DAMAGE TO HEART HAD, 99% BLOCKAGE IN ONE ARTERY. DISCHARGED FEB. 7/07 DR. BARGAVA - CARDIOLOGIST
5. 2008 - HAD CHECKUP WITH DR. BARGAVA DID STRESS TEST, ETC. HE GAVE ME OKAY.
6. JAN. 25/09 FLEW HOME FOR APPT. WITH HEART DOCTOR AS WE WERE CONCERNED WITH HIS SHORTNESS OF BREATH OVER THE HOLIDAYS AND IN CAYMAN. HE WAS GIVEN A CLEAN BILL OF HEALTH BY DR. BARGAVA, ALTHOUGH ONLY DID 3 MIN ON STRESS TEST.
7. OUT OF BREATH MOST OF THE TIME FOR NEXT YEAR OR SO.
8. OCT. 28/10 - NOV. 1/10 HAD A MINOR HEART ATTACK IN TIPP CITY, OHIO. CHECKED INTO UPPER VALLEY MEDICAL CENTRE, IN TROY, OHIO. THEY HAD TROUBLE GETTING BLOOD PRESSURE UP SO THAT THEY COULD GET HEART TO CALM DOWN ENOUGH TO COME BACK HOME. WAS DISCHARGED FROM THERE ON NOV. 1/10. DROVE HOME AND CHECKED AT TORONTO GENERAL HOSPITAL ON WAY HOME, FOR 3 HOURS AND GOT HOME LATE THAT NIGHT. GOT PRESCRIPTIONS THERE
9. NOV. 2 - WENT TO SEE DR. HAZEL. HE WILL SET UP HEART DOCTOR APPOINTMENT
10. NOV. 4 - WENT TO SEE DR. FAM (DIRECTORY OF CARDIOLOGY - ST. MICHAELS HOSP, TORONTO). HE WAS AT OSHAWA OFFICE FOR THE DAY. HE ARRANGED TO GO TO TORONTO FOR AN ANGIOGRAM.
11. NOV. 10/10 - NOV. 11/10 CHECKED INTO ST. MICHAELS HOSPITAL FOR ANGIOGRAM BY DR. FAM. THEY TRIED TO DO STENTS BUT THE BLOCKAGE WAS TO ROCK HARD.
12. NOV. 15/10 ADMITTED TO ST. MICHAELS HOSPITAL FOR TRIPLE BY-PASS
13. NOV. 16/10 TRIPLE BY-PASS DONE BY DR. ERRETT
14. NOV. 21/10 DISCHARGED FROM HOSPITAL (WITH PRESC. FOR PLAVEX, ETC.

15. NOV. 24/10 CHECKED INTO OSHAWA HOSPITAL WITH SHORTNESS OF BREATH. THEY FOUND THAT THERE WAS SOME FLUID AROUND THE LUNGS AND HEART, BUT DOC THOUGHT IT WOULD DISSIPATE IN TIME.
16. DEC. 4. CALLED 911 - 6:00 A.M. TAKEN TO BOWMANVILLE GENERAL HOSP. BY AMBULANCE. HAD SHORTNESS OF BREATH, FELT FAINT AND HEART PULPITATIONS. I/R WAS ONLY 1.5. DOC. INCREASED FROM 4 MG. WARAFIN TO 6 MG. CAME HOME AT 10:00 A.M.
17. DEC. 6 WOKE UP AGAIN AT 4:30 A.M. WITH RACING HEART AND BLOOD PRESSURE UP AND DOWN. TOOK SHOT OF NITRO AND THEN FAINTED. FELL BACK INTO BATHTUB, HIT HEAD, WATER CAME ON AND YELLED FOR WIFE. LAID DOWN ON BED AND BLOOD PRESSURE AND HEART GRADUALLY BECAME NORMAL AGAIN.??? DID NOT CALL 911 THIS TIME. TOOK BLOOD PRESSURE AT 10:10 A.M. 87/59 HEARTBEAT 66 TOO LOW NOW. TOOK IT AGAIN AND IT WAS 92/64. IT SEEMS TO BE FLUCTUATING THEN 82/69 CALLED DOCTOR HAVE APPOINTMENT
18. Dec.6 DR. BARGAVA AT 12:40 APPOINTMENT
19. DEC. 9 SAW DR. FAM
20. DEC. 15 PICK UP HEART MONITOR TO WEAR FOR 2 WEEKS
- DURING THE NEXT FEW WEEKS HAVE HAD SOME PROBLEM GETTING BLOOD THINNERS RIGHT. ALSO HAD A BAD COLD WITH A RACKING COUGH
21. JAN. 10/11 MET WITH DR. ERRETT, SURGEON. EVERYTHING CHECKED OUT WELL. HE ADVISED TO DOUBLE RAMPRILO TO 5. MG. AND DOUBLE METOPROLOL TO 100 MG. I DOUBLED RAMPRILO AND INCREASED METOPROLOL TO 75 MG. BLOOD HAS BEEN TOO THIN. AT PRESENT TIME TAKE 5 MG. WARAFIN.
22. JAN. 13 Dr. Bargava at 11:20. He took me off cumadin.

Taken off Cumadin Jan. 13/11

NOW TAKE: PLAVIX (75 mg) 1 per day (since heart surgery Nov. 16/10)

Terazosin (5 mg) 1 per day

Metoprolol (50 mg) 1 each morning and ½ each evening

Tamsulosin (.4 mg) 1 each day

Rampriol (5 mg) 1 each morning and 2.5 each night

81 mg. Aspirin 2 per day (1 morning and 1 night)

Pantoprazole (40 mg) (for acid) 1 per day

Aug. 30th Changed from Liptor to Crestor lower dosage.